



02-14-02

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Please type a plus sign (+) inside this box → Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. SMFI 3.0-001
		First Inventor David M. Lewin
		Title WATERJET CUTTING SYSTEM AND, etc.
		Express Mail Label No. EL804517110US

APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 29]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATIONS PARTS			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent</small> 17. <input type="checkbox"/> Other: _____			
6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

 Continuation Divisional Continuation-in-part (CIP) of prior application No _____

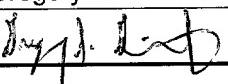
Prior application information. Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 000530		or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City	State			Zip Code	
Country	Telephone			Fax	

Name (Print/Type)	Gregory S. Gewirtz		Registration No. (Attorney/Agent)	36,522
Signature			Date	February 13, 2002

2002
J1050 U.S. PTO
10/07/2002
02/13/02

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 370.00)

Complete if Known

Application Number	
Filing Date	February 13, 2002
First Named Inventor	David M. Lewin
Examiner Name	Not Yet Assigned
Group Art Unit	FR
Attorney Docket No.	SMFI 3.0-001

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number 12-1095

Deposit Account Name Lerner, David, Littenberg,
Krumholz & Mentlik, LLP

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION (continued)

3. ADDITIONAL FEES

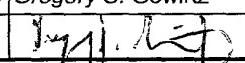
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
Total Claims	20	-20** =	0.00
Independent Claims	3	-3** =	0.00
Multiple Dependent			
Fee Code	Fee (\$)	Fee Description	Fee Paid
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

** or number previously paid, if greater, For Reissues, see above

Complete (if applicable)

SUBMITTED BY					
Name (Print/Type)	Gregory S. Gewirtz	Registration No. (Attorney/Agent)	36,522	Telephone	(908) 518-6343
Signature			Date	February 13, 2002	